N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important.

1. PLACE OF DEATH COUNTY. COUNTY. TOWNSHIP. OR VILLAGE OF VILLAGE CITY. TUGSON. OR VILLAGE OR	STANDARD (CERTIFICAT	TE OF DEAT	гн Ari z	ona State E	Board of Health	An Dangara	William.
TOWNSHIP TUCSON. ON 648 SOUTH 2" AVE. ON COLVER SOUTH 2" AVE. ON COLUR SOUTH 3" AVE	1. PLACE OF	DEATH			BUREAU OF VIT	AL STATISTICS		179
LENGTH OF RESIDENCE IN CITY OF RESIDENCE IN CITY OF OWN MYNEED EATH OCCURRED IN HOSPITAL OF INSTITUTION, CIVE ITS NAME INSTACT OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN S. IF OF FOREIGN BIRTH TASS. MOS. D. HOW LOUS IN STATE THE PRINCIPLE GIVE CITY OF TOWN AND STATE TO THE OCCUPANT OF THE CONTROL OF PEACH 2/25/36 3. SEX A COLOR OF RACE S. SINGLE, MARRIED, WID. CHARLES OF LOUS OF PEACH STATE AND STATE THE PRINCIPLE GIVE CITY OF TOWN AND STATE THE PEACE THE COLOR OF PEACH STATE AND STATE THE PEACE THE COLOR OF PEACH STATE AND STATE THE PEACE THE COLOR OF PEACH AND RELATED CAUSES OF OMEST. 5. IF MARRIED, WICHOUTH, DAY, AND YEAR, 1/26/1676 7. ACE YEARS MONTHS DAYS IF LESS THAN IN THE SEA OF THE OWN HAVE AND STATE OF COUNTY. 5. INDUSTRY OR BUSINESS IN WHICH SAME THE SEA OWN HAVE AND STATE OF COUNTY. 5. INDUSTRY OR BUSINESS IN WHICH SAME THE SEA OWN HAVE AND STATE OF COUNTY. 5. INDUSTRY OR BUSINESS IN WHICH SAME THE SEA OWN HAVE AND STATE OF COUNTY. 5. INDUSTRY OR COUNTY. 5. INDUSTRY OR COUNTY. 6. BIRTHPLACE (CITY OR TOWN). MASS THERE AND AUTOPSTITUTE OF COUNTY. 7. INDUSTRY OF COUNTY. 7. INDUSTRY OF COUNTY. 7. INDUSTRY OF COUNTY. 7. INDUSTRY OF COUNTY. 8. INDUSTRY OF COUNTY. 8. INDUSTRY OF COUNTY. 8. INDUSTRY OF COUNTY. 8. INDUSTRY OF COUNTY. 9. INDUSTRY OF COUNTY. 10. DATE DECEASED LAST WORKE AT THE CYCARD. 11. TOTAL THE CYCARD. 12. BIRTHPLACE (CITY OR TOWN). DATE OF THUSEY. 13. MAINE OF COUNTY. 14. BIRTHPLACE (CITY OR TOWN). DATE OF THUSEY. 15. MAIDEN							REGISTERED NO	- '-/-/
LENGTH OF RESIDENCE IN CITY ON TOWN WHERE DEATH OCCURRED IN HOSPITAL DE INSTITUTION, QIVE ITS NAME INSTITUTION, GIVE ITS NAME IN THIS OCCUPATION, GIVE ITS OR GOUNTY, IN HOME, ON THE CONTRIBUTORY CAUSES OF INDORTANCE. SET IN THIS OCCUPATION, GIVE ITS OR TOWN, GIVE ITS OR TOWN, GIVE ITS OR GOUNTY, GIVE ITS OR GOUNTY, GIVE ITS OR GOUNTY, GIVE ITS OR GOUNTY, IN HOME, ON THE CONTRIBUTORY CAUSES OF INDORTANCE. SET IN THE PRINCIPLA CAUSE OF INDORTANCE. SET IN								o
(A) RESIDENCE, NO. 648 SOUTH 2" AYG. (USUAL PLACE OF ARROW) (USUAL PLACE OF		(1F	DEATH DCCU	RRED IN HOSPITAL	OR INSTITUTION.	GIVE ITS NAME INSTEAD OF		WAR
(A) RESIDENCE, NO. 648 SOUTH 2" AYG. (USUAL PLACE OF ARROW) (USUAL PLACE OF	LENGTH OF RE IN CITY OR T 2. FULL NAM	sidence own where E Rich	ard VS	urreo <u>22</u> yrs prague.	MOS,DS,	HOW LONG IN S. IF O	F FOREIGN BIRTH?YRS	_MOSD
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE D. SINGLE, MARRIED, WID. White D. SINGLE, MARRIED, WID. White D. SINGLE, MARRIED, WID. WHORN DIGNET OF DEATH 2/29/36 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1. DAY (IS AND YEAR) TO HAVE OCCURRED ON THE DAY (SET THAN THE WORK) TO HAVE OCCURRED ON THE DAY (SET THAN THE WORK) TO HAVE OCCURRED ON THE DAY (SET THAN THE WORK WAS DONE, AS BILK HILL) SAMYER, MOOKEEPER, ETC. SAMYER, MOOKEEPER, ETC. 9. HOUSTAYOR BUSINESS IN WHICH WORK WAS DONE, AS BILK HILL) SAMYER, MOOKEEPER, ETC. 9. HOUSTAYOR BUSINESS IN WHICH WORK WAS DONE, AS BILK HILL) SAMYER, BOOKEEPER, ETC. 9. HOUSTAYOR BUSINESS IN WHICH WORK WAS DONE, AS BILK HILL) SAMYER, BOOKEEPER, ETC. 9. HOUSTAYOR BUSINESS IN WHICH WORK WAS DONE, AS BILK HILL) SAMYER, BOOKEEPER, ETC. 9. HOUSTAYOR BUSINESS IN WHICH WORK WAS DONE, AS BILK HILL) SAMYER, BOOKEEPER, ETC. SAMYER, BOOKEEPER, ETC. SAMYER, BOOKEEPER, ETC. SAMYER, BOOKEEPER, ETC. SAMYER OF COUNTY) D. SAMYER, BOOKEEPER, ETC. SAMYER, BOOKEEPER, ETC.	(A) RESIDE	NCE: NO 6	48 Sout	h 2" Ave.	ST	•		s
3. SEX MAILE A COLOR OR RACE OS. SINCLE, MARRIED, WID. Maile White White Word) Maitted. 21. Date of Death (Month, Day, and year) 1.9 22. I HEREBY CERTIFY, That I ATTENDED DECEASED FR. HUSBAND OF LEAT 18 that 3 Ditague. 3. IF MARRIED, WIDOWED, OR DIVORCED MUSBAND OF LEAT 18 that 3 Ditague. 3. IF MARRIED, WIDOWED, OR DIVORCED MUSBAND OF LEAT 18 that 3 Ditague. 4. Date of Birth (Month, Day, and year) 1/28/1676 5. Date of Birth (Month, Day, and year) 1/28/1676 7. AGE VEARS MONTHS DAYS IF LESS THAN 1 DAY, AND YEAR 1 DA							ON-RESIDERT GIVE CITY OR TOWN	AND STATE
Male White over the word of th	PÉ	RSONAL A	ND STATIST	ICAL PARTICU	LARS	EDIC	CENTIFICATE OF DEATH 2	29/36
CORY WIFE OF 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/28/1676 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HAS 1 D			5. SINGLE, MARRIED, WID. OWED, OR DIVORCED AWRITE THE WORD)				, 19 ECEASED FRO	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/28/1676 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. 600 1 1 1 DAY, HRS. 600 NOST DONE, AS BYINNER, BOOKERSPR. ETC. 600 NOST DONE, AS BYINNER, BOOKERSPR. ETC. 600 NOST DAYS OCCUPATION. 8. TRADE, PROFESSION, OR PARTICULAR LAWYOT SAWARE, BOOKERSPR. ETC. 600 NOST DAYS OCCUPATION. 9. SAWARE, BOOKERSPR. ETC. 600 NOST DAYS OCCUPATION. 10. DATE DECEASED LAST WORKER AT THIS OCCUPATION. 11. TOTAL THE (YEARS) OCCUPATION. 12. BIRTHPLACE (CITY OR TOWN). 13. NAME VITGII H. SPRACUE 14. BIRTHPLACE (CITY OR TOWN). 15. MAIDEN NAME NOILI BAR, BATTOII 16. BIRTHPLACE (CITY OR TOWN). 17. INFORMANT LITIAN SPRACUE (FYATE OR COUNTY) 18. BURIAL, CRASCOCT OR REMOVAL 302/36 PLACE 19. EMBALMER LICENSE NO. 49 19. EMBALMER LICENSE NO. 422 DAYS OF THE PRINCIPLE OF THE PARKET INJURY OCCURRED IN INDUSTRY, IN HOME, ON PUBLIC PLACE 19. EMBALMER LICENSE NO. 422 DAYS OF THE PRINCIPLE OF THE PLACE OF INJURY ADDRESS TUCSON, ATTIONAL 19. EMBALMER LICENSE NO. 422 DAYS OF THE PRINCIPLE OF THE PRINCI	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MAT18 tta Sprague.					1 - /8 I LAST SAW H IM ALIVE	1936 to 2 2 ON 2 2 1936	DEATH IS SA
NAME OF OPERATION SARVER, BOOKREPER, ETC. SARVER, BOOKRESED, LEWSTON, DATER OTHER CONTRIBUTORY CAUSES OF IMPORTANCE. OTHER CONTRIBUTORY CAUSES OF IMP						i	HE DATE STATED ABOVE, AT 6:	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER. LEWYOT 9. INDUSTRY OR SUSINESS IN WHICH WORK WAS BONE, AS SILK MILL, 10. DATE DECARGE LAST WORKED AT 11. TOTAL TIME (YEARS) SENT IN THIS OCCUPATION (MONTH AND OCCUPATION) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME VIRGIT H. Sprague 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Nellie R. Barrell 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT Lillian Sprague 18. BURIAL GREAT OR COUNTY) 19. EMBALMER SICKED OF REMOVAL SOLUTIONS 19. EMBALMER SICKED OF TOWN AT 120 Na. 19. EMBALMER SICKED OF TOWN AT 120 Na. 19. EMBALMER SICKED OF TOWN AT 120 Na. 20. FILED 12. Specify University IN ANY WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SICKED OF TOWN AND STATE OF INJURY ADDRESS TUNESON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED: 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED. 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, AT 120 Na. 20. FILED 12. Specify CITY OR TOWN WAY RELATED TO OCCUPATION DEGASED. 19. EMBALMER SIGNATURE G.E.JONGS TUCSON THE CONTRIBUTORY CAUSES OF IMPORTANCE. 21. THE CONTRIBUTORY CAUSES OF IMPORTANCE. 22. WAS THERE ON THIS CONTRIBUTORY CAUSES OF IMPORTANCE. 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALL THE FOLLOWING. 24. WAS DISEASE OF IMPORTANCE. 25. JONG COLVEY OF THE CONTRIBUTOR	7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN			
KIND OF WORK DONE, AS SPINNER, DELIVET 9. INDUSTRY OR BUSINESS IN WHICK WORK WAS BORE, AS SIKE MILL. 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 11. TOTAL TIME (YEARS) ASSEMBLY IN THIS OCCUPATION		60	1	1 -		The state of the s		~ 5 7
WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION. 12. BIRTHPLACE (CITY OR TOWN). 13. NAME VIRGIT H. Sprague 14. BIRTHPLACE (CITY OR TOWN). 15. MAIDEN NAME Nellie R. Barrell 16. BIRTHPLACE (CITY OR TOWN). 17. INFORMANT Lillian Sprague 18. BURIAL, CREMATION, OR REMOVAL DATE 19. EMBALMER (SIGNATURE G.E. JONES) FLACE 19. EMBALMER (SIGNATURE G.E. JONES) FUNERAL PARKET NOT TURY ADDRESS TUCSON, Arizona. 20. FILED 21. TOTAL THE (YEARS) SPENT IN THIS OCCUPATION. DATE (YEARS) SPENT IN THIS OCCUPATION. DATE OF IMPORTANCE. OTHER CONTRIBUTORY CAUSES OF IMPORTANCE. OTHER CONTRIBUTORY OTHER CONTRIBUTOR OTHER CONTRIBUTORY OTHER CONT	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, LAWYOF SAWYER, BOOKKEEPER, ETC.							-6
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: OTHER CONTRIBUTORY CAUSES OTHER CONTRIBUTORY CAUSES OTHER CONTRIBUTORY OTHER CONT	B.I WORK WAS DONE. AS SILK MILL.					10100	We a getto	->/-
12. BIRTHPLACE (CITY OR TOWN) 13. NAME VIRGIT H. Sprague 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Nellie R. Barrell 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT Lilian Sprague 18. BURIAL GREMATION, OR REMOVAL SPECIFY WHETHER INJURY OCCURED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PLACE 19. EMBALMER SIGNATURE G. E. JONGS FUNCTION PARKET MOTTURY ADDRESS 20. FILED 2 5 19 18. BURIAL GREMATION, A FIZONA. 19. EMBALMER TO COUNTY TUCSON, A FIZONA. 19. EMBALMER SIGNATURE G. E. JONGS FUNCTION PARKET MOTTURY ADDRESS 20. FILED 2 5 19 10. MAME OF OPERATION WHAT TEST WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT WHAT TEST WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT ADDRESS TUCSON, A TIZONA. NAME OF OPERATION WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT ADDRESS TUCSON, A TIZONA. NAME OF OPERATION WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT ACCIDENT, SUICIDE, OR HOMICIDE: DATE OF INJURY WHERE DID INJURY OCCURT. (SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED! IN SOUTH OF TOWN. WHAT TEST CONFIRMED DIAGNOSIST. WAS THERE AN AUTOPSYT ACCIDENT, SUICIDE, OR HOMICIDE: DATE OF INJURY OCCUR. (SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE PUBLIC PLACE YEAR OF COUNTY) 19. EMBALMER OF INJURY NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED! IN SOUTH OF TOWN.	OF THIS OCCUPATION (MONTH AND SPENT IN THIS				IN THIS	OTHER CONTRIBUTORY CA	USES OF IMPORTANCE:	
14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Nellie R. Barrell 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT Lillian Spracue (ADDRESS) 18. BURIAL, GREMATION, OR REMOVAL 3/2/36 PLACE PLACE PLACE FUNERAL DIRECTOR ADDRESS TUCSON, Arizona, 19. EMBALMER (SIGNATURE G.E.Jones FUNERAL DIRECTOR ADDRESS TUCSON, Arizona, 20. FILED 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALITHE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF OPERATION WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? ACCIDENT, SUICIDE, OR HOMICIDE? ACCIDENT, SUICIDE, OR HOMICI	12. BIRTHPLACE (CITY OR TOWN) Green, Maine						· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME Nellie R. Barrell 16. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT Lillian Sprague (ADDRESS) 18. BURIAL CREMATION, OR REMOVAL DATE 19. EMBALMER SIGNATURE G.E.Jones FUNERAL DIRECTOR Parker Mortuary ADDRESS TUCSON, Arizona. 20. FILED 2 5 19 WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY? 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALL THE FOLLOWING: WHERE DID INJURY OCCURT. (SPECIFY CITY OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IT SO, SPECIFY (SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE TO TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR TOWN, COUNTY AND STAT SPECIFY WHETHER INJURY	13. NAME	Virgil	H. Spra	ague			2 - 0	<u> </u>
16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT Lillian Sprague (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE 19. EMBALMER FUNERAL DIRECTOR ADDRESS TUCSON, Arizona 19. EMBALMER FUNERAL DIRECTOR ADDRESS TUCSON, Arizona 19. EMBALMER FUNERAL DIRECTOR ADDRESS TUCSON, Arizona 19. EMBALMER SIGNATURE G.E.JONGS ADDRESS TUCSON, Arizona 19. EMBALMER SIGNATURE G.E.JONGS ADDRESS TUCSON, Arizona 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, Arizona 19. EMBALMER SIGNATURE G.E.JONGS TUCSON, Arizona 19. EMBALMER SIGNATURE SIGNATURE G.E.JONGS TUCSON, Arizona 19. EMBALMER SIGNATURE	4 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTY)					WHAT TEST	•	
OF 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) (STATE OR COUNTY) (SPECIFY CITY OR TOWN, COUNTY AND STATE (ADDRESS) (ADDRESS	I 12: MAIDER RAME					THE FOLLOWING:		
17. INFORMANT Lillian Spracue (ADDRESS) TUCSON, ATIZONA. 18. BURIAL, CREMATION, OR REMOVAL 3/2/36 PLACE DATE DATE MANNER OF INJURY 19. EMBALMER SIGNATURE G.E.JONGS FUNERAL DIRECTOR ADDRESS ADDRESS TUCSON, AZIZONA. 20. FILED 2 3 5 19 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED? IN SO, SPECIFY SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY 19. CECASED? IN SO, SPECIFY IN SO, SPECIFY METHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY 19. CECASED? IN SO, SPECIFY IN SO, SPECIFY MANNER OF INJURY NATURE OF INJURY NATURE OF INJURY 19. CECASED? IN SO, SPECIFY IN SO, SPECIFY MANNER OF INJURY NATURE OF INJ	E OHITH CACK (CIT) ON TOWN)					WHERE DID INJURY OCCURT		
18. BURIAL, CREMATION, OR REMOVAL 3/2/36 PLACE DATE DATE 19 MANNER OF INJURY NATURE OF INJURY NATURE OF INJURY NATURE OF INJURY IN ANY WAY RELATED TO OCCUPATION PARKET MORTURY ADDRESS TUGSON, Arizona, IRSO, SPECIFY 20. FILED 2 2 3 19 TOTAL TOT						SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR I		
19. EMBALMER LICENSE NO. 49 19. EMBALMER SIGNATURE G.E.JONGS 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION DECEASED?	18. BURIAL, CREMATION, OR REMOVAL \$ 32736					<i>Y (</i>	laure	
FUNERAL Parker Mortuary DIRECTOR TUCSON, Arizona. 20. FILED 23 19 19 19 19 19 19 19 19 19 19 19 19 19		(CLCEN	E NO 49					
ADDRESS TUCSON, ARIZONA. 20. FILED 5.2.3 619 (SPENED)	19. EMBALMER (SIGNATURE G.E.JONGS					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION O		
20. FILED 5.2.3 619 (STENED) (STENED) M.	DIRECTO	R Parke	r Mortu	ary	-	DECEASED?		
		Tucso	n, Ariz	ona.	1000	IF SO, SPECIFY	100	1
	20. FILED	~~ >>	b 19	~~~\	REGISTRAR	(ADDRESS)		